



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

Filing Period: January 1 - March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 39877
 2. Name of Corporation LIGHTNING BAY, INC.
 3. Street Address Principal Business Office 133 OLD TOWER HILL ROAD City WAKEFIELD State RI Zip 02879-
 4. Business Phone No. 4017890217 5. State of Incorporation RHODE ISLAND 6. SIC Code 2246
 7. Brief Description of the Character of Business Conducted in Rhode Island COMMERCIAL FISHING VESSEL

8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

President Name Noah G. Clark	Vice President Name Bruce E. Harvey
Street Address PO Box 608	Street Address PO Box 608
City State Zip Narragansett RI 02882	City State Zip Narragansett RI 02882
Secretary Name Peter Barbera	Treasurer Name Peter Barbera
Street Address PO Box 608	Street Address PO Box 608
City State Zip Narragansett RI 02882	City State Zip Narragansett RI 02882

9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name Noah G. Clark	Director Name Bruce E. Harvey
Street Address PO Box 608	Street Address PO Box 608
City State Zip Narragansett RI 02882	City State Zip Narragansett RI 02882
Director Name Peter Barbera	Director Name
Street Address PO Box 608	Street Address
City State Zip Narragansett RI 02882	City State Zip

10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT)

Number of Shares	Class/Series	Par Value
8,000	COMM NO PAR VALUE	

11. SHARES ISSUED ("X" BOX FOR ATTACHMENT)

Number of Shares	Class/Series	Par Value
1000	Common	No Par

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



3 9 8 7 7

39877 DBC 01/19/05 12:41:56 PM
 File Date 2-14-05
 Check No. 4643
 By: KB
 FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Peter Barbera 2/2/05
 Signature of Officer Date
 PETER BARBERA
 Print or Type Name of Officer
Sec. of State
 Title of Officer



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004

Filing Period: January 1 - March 1 • Filing Fee: \$50.00
(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No 39877		2. Name of Corporation LIGHTNING BAY, INC.			
3. Street Address Principal Business Office 133 Old Tower Hill Road			City Wakefield	State RI	Zip 02879
4. Business Phone No. 789-0217		5. State of Incorporation RHODE ISLAND			6. SIC Code 2246
7. Brief Description of the Character of Business Conducted in Rhode Island COMMERCIAL FISHING VESSEL					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Noah G. Clark			Vice President Name Bruce E. Harvey		
Street Address PO Box 608			Street Address PO Box 608		
City Narragansett	State RI	Zip 02882	City Narragansett	State RI	Zip 02882
Secretary Name Peter Barbera			Treasurer Name Peter Barbera		
Street Address PO Box 608			Street Address PO Box 608		
City Narragansett	State RI	Zip 02882	City Narragansett	State RI	Zip 02882
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Noah G. Clark			Director Name Bruce E. Harvey		
Street Address PO Box 608			Street Address PO Box 608		
City Narragansett	State RI	Zip 02882	City Narragansett	State RI	Zip 02882
Director Name Peter Barbera			Director Name Peter Barbera		
Street Address PO Box 608			Street Address PO Box 608		
City Narragansett	State RI	Zip 02882	City Narragansett	State RI	Zip 02882
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
8,000 COMM NO PAR VALUE			1,000	Common	No Par

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



* 3 9 8 7 7 *

File Date 1-27-04
Check No. 4144
By: de
FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Peter Barbera 1/27/04
Signature of Officer Date
Peter Barbera
Print or Type Name of Officer
Sec/Asst
Title of Officer



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No.

2. Name of Corporation

39877

LIGHTNING BAY, INC.

3. Street Address Principal Business Office

133 Old Tower Hill Road

City

Wakefield

State

RI

Zip

02879

4. Business Phone No.

789-0217

5. State of Incorporation

RHODE ISLAND

6. SIC Code

2246

7. Brief Description of the Character of Business Conducted in Rhode Island

Commercial Fishing Vessel

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

President Name

Noah G. Clark

Vice President Name

Bruce E. Harvey

Street Address

PO Box 608

Street Address

PO Box 608

City

Narragansett

State

RI

Zip

02882

City

Narragansett

State

RI

Zip

02882

Secretary Name

Peter Barbera

Treasurer Name

Peter Barbera

Street Address

PO Box 608

Street Address

PO Box 608

City

Narragansett

State

RI

Zip

02882

City

Narragansett

State

RI

Zip

02882

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name

Noah G. Clark

Director Name

Bruce E. harvey

Street Address

PO Box 608

Street Address

PO Box 608

City

Narragansett

State

RI

Zip

02882

City

Narragansett

State

RI

Zip

02882

Director Name

Peter Barbera

Director Name

Street Address

Street Address

PO Box 608

City

Narragansett

State

RI

Zip

02882

City

State

Zip

10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

8,000 COMM NO PAR VALUE

11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)

ISSUED SHARES

Number of Shares

Class/Series

Par Value

1,000

Common

No Par

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



* 3 9 8 7 7 *

File Date:

2-26-03

Check No.:

3714

By:

ICP

FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Peter Barbera

2/10/13

Signature of Officer

Date

PETER BARBERA

Print or Type Name of Officer

SEC/TRES

Title of Officer



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2002

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **39877**
2. Name of Corporation **LIGHTNING BAY, INC.**
3. Street Address Principal Business Office
133 Old Tower Hill Road
4. Business Phone No. **789-0217**
5. State of Incorporation **RHODE ISLAND**
7. Brief Description of the Character of Business Conducted in Rhode Island
Commercial Fishing Vessel

City **Wakefield** State **RI** Zip **02879**
6. SIC Code **2246**

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

President Name
Noah G. Clark
Street Address
PO Box 608
City **Narragansett** State **RI** Zip **02882**

Vice President Name
Bruce E. Harvey
Street Address
PO Box 608
City **Narragansett** State **RI** Zip **02882**

Secretary Name
Peter Barbera
Street Address
PO Box 608
City **Narragansett** State **RI** Zip **02882**

Treasurer Name
Peter Barbera
Street Address
PO Box 608
City **Narragansett** State **RI** Zip **02882**

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name
Noah G. Clark
Street Address
PO Box 608
City **Narragansett** State **RI** Zip **02882**

Director Name
Bruce E. Harvey
Street Address
PO Box 608
City **Narragansett** State **RI** Zip **02882**

Director Name
Peter Barbera
Street Address
PO Box 608
City **Narragansett** State **RI** Zip **02882**

10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES
Number of Shares Class/Series Par Value
8,000 COMM NO PAR VALUE

11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)

ISSUED SHARES
Number of Shares Class/Series Par Value
1,000 Common No Par

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



* 3 9 8 7 7 *

File Date 3/27/02

Check No. 25018

By: [Signature]

FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

[Signature] 22 March 02
Signature of Officer Date

[Signature]
Print or Type Name of Officer

[Signature]
Title of Officer



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001
Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **39877** 2. Name of Corporation **LIGHTNING BAY, INC.**

3. Street Address Principal Business Office **133 Old Tower Hill Road** City **Wakefield** State **RI** Zip **02879**
4. Business Phone No. **789-0217** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **2246**

7. Brief Description of the Character of Business Conducted in Rhode Island

Commercial Fishing Vessel

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

President Name Noah G. Clark Street Address PO Box 608 City Narragansett State RI Zip 02882	Vice President Name Bruce E. Harvey Street Address PO Box 608 City Narragansett State RI Zip 02882
Secretary Name Peter Barbera Street Address PO Box 608 City Narragansett State RI Zip 02882	Treasurer Name Peter Barbera Street Address PO Box 608 City Narragansett State RI Zip 02882

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name Noah G. Clark Street Address PO Box 608 City Narragansett State RI Zip 02882	Director Name Bruce E. Harvey Street Address PO Box 608 City Narragansett State RI Zip 02882
Director Name Peter Barbera Street Address PO Box 608 City Narragansett State RI Zip 02882	

10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES
Number of Shares Class/Series Par Value
8,000 SHS COM NO PAR VAL

11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)

ISSUED SHARES
Number of Shares Class/Series Par Value
1,000 Common No Par

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



* 3 9 8 7 7 *

File Date: 2/12
Check No.: 1047
By: [Signature]

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

[Signature] 24 Jan 01
Signature of Officer
NOAH G. CLARK
Print or Type Name of Officer
PRES
Title of Officer



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2000

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **39877** 2. Name of Corporation **LIGHTNING BAY, INC.**

3. Street Address Principal Business Office City State Zip
133 Old Tower Hill Road Wakefield RI 02879

4. Business Phone No. 5. State of Incorporation 6. SIC Code
401-789-0217 RHODE ISLAND 2246

7. Brief Description of the Character of Business Conducted in Rhode Island

Commercial fishing vessel

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

President Name Noah G. Clark Street Address PO Box 608 City State Zip Narragansett RI 02882	Vice President Name Bruce E. Harvey Street Address PO Box 608 City State Zip Narragansett RI 02882
Secretary Name Peter Barbera Street Address PO Box 608 City State Zip Narragansett RI 02882	Treasurer Name Peter Barbera Street Address PO Box 608 City State Zip Narragansett RI 02882

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name Noah G. Clark Street Address PO Box 608 City State Zip Narragansett RI 02882	Director Name Bruce E. Harvey Street Address PO Box 608 City State Zip Narragansett RI 02882
Director Name Peter Barbera Street Address PO Box 608 City State Zip Narragansett RI 02882	

10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES

Number of Shares	Class/Series	Par Value
8,000 SHS COM NO PAR VAL		

11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)

ISSUED SHARES

Number of Shares	Class/Series	Par Value
1,000	Common	No Par

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



* 3 9 8 7 7 *

File Date: 2/29/00
Check No.: 15392
By: Ce.

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Noah G. Clark 28 Feb 2000
Signature of Officer Date
Noah G. Clark
Print or Type Name of Officer
President
Title of Officer

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1999

Filing Period: January 1-March 1 • Filing Fee: \$50.00



(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **39877** 2. Name of Corporation **LIGHTNING BAY, INC.**
3. Street Address Principal Business Office City State Zip
2 Williams Street Providence RI 02903
4. Business Phone No. (401) 331-2222 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **2246**
7. Brief Description of the Character of Business Conducted in Rhode Island
Commercial fishing vessel

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

President Name Noah G. Clark Street Address P.O. Box 608 City State Zip Narragansett RI 02882 Secretary Name Peter Barbera Street Address Same City State Zip	Vice President Name Bruce E. Harvey Street Address Same City State Zip Treasurer Name Peter Barbera Street Address Same City State Zip
--	---

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name Noah G. Clark Street Address Same City State Zip	Director Name Bruce E. Harvey Street Address Same City State Zip
Director Name Peter Barbera Street Address Same City State Zip	Director Name Street Address City State Zip

10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES	Class/Series	Par Value
8,000 SHS COM NO PAR VAL		

11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)

ISSUED SHARES	Class/Series	Par Value
1,000	Common	No Par

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



File Date: 1/22/99
10021
Check No.: _____
By: JAB
FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.
Signature of Officer: [Signature] Date: 11 JAN 99
Noah G. Clark
Print or Type Name of Officer
President
Title of Officer



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1998
Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **39877** 2. Name of Corporation **LIGHTNING BAY, INC.**
3. Street Address Principal Business Office **2 Williams Street** City **Providence** State **RI** Zip **02903**
4. Business Phone No. **(401) 331-2222** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **2248**
7. Brief Description of the Character of Business Conducted in Rhode Island
Commercial fishing vessel

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT)

President Name Noah G. Clark			Vice President Name Bruce E. Harvey		
Street Address P.O. Box 608			Street Address Same		
City	State	Zip	City	State	Zip
Narragansett	RI	02882			
Secretary Name Peter Barbera			Treasurer Name Peter Barbera		
Street Address Same			Street Address Same		
City	State	Zip	City	State	Zip

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT)

Director Name Noah G. Clark			Director Name Bruce E. Harvey		
Street Address Same			Street Address Same		
City	State	Zip	City	State	Zip
Director Name Peter Barbera			Director Name		
Street Address Same			Street Address		
City	State	Zip	City	State	Zip

10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES	Class/Series	Par Value
8,000 SHS COM NO PAR VAL		

11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)

ISSUED SHARES	Class/Series	Par Value
1,000	Common	No Par

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



* 3 9 8 7 7 *

File Date: 2/4/98

Check No: 2052

By: ICW

FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Signature of Officer: [Signature] Date: 22 JAN 98

Noah G. Clark
Print or Type Name of Officer

President
Title of Officer



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

James R. Langevin, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-277-3040



PROFIT CORPORATION ANNUAL REPORT 1997

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.
39877

2. Name of Corporation
LIGHTNING BAY, INC.

3. Street Address Principal Business Office
2 Williams Street

City State Zip
Providence RI 02903

4. Business Phone No.
(401) 331-2222

5. State of Incorporation
RHODE ISLAND

6. SIC Code
2246

7. Brief Description of the Character of Business Conducted in Rhode Island
Commercial fishing vessel

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT)

President Name
Noah G. Clark

Vice President Name
Bruce E. Harvey

Street Address
P.O. Box 608

Street Address
Same

City State Zip
Narragansett RI 02882

City State Zip

Secretary Name
Peter Barbera

Treasurer Name
Peter Barbera

Street Address
Same

Street Address
Same

City State Zip

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT)

Director Name
Noah G. Clark

Director Name
Bruce E. Harvey

Street Address
Same

Street Address
Same

City State Zip

Director Name
Peter Barbera

Director Name

Street Address
Same

Street Address

City State Zip

10. SHARES AUTHORIZED AND ISSUED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES

ISSUED SHARES

Number of Shares Class/Series Par Value

Number of Shares Class/Series Par Value

8,000 SHS COM NO PAR VAL

1,000 Common No Par

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



* 3 9 8 7 7 *

File Date: 4/28/97

Check No: 1691

By: NS

FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Signature of Officer: [Signature] Date: 23 Apr 97

Noah G. Clark

Print or Type Name of Officer

President

Title of Officer

PROFIT CORPORATION ANNUAL REPORT

1996



State of Rhode Island and Providence Plantations
James R. Langevin, Secretary of State
Corporations Division
100 North Main Street
Providence, Rhode Island 02903-1335 • (401) 277-3040

Filing Period: January 1-March 1
Filing Fee: \$50.00

PLEASE TYPE OR PRINT IN BLACK INK.

1. CORPORATE ID NO. 39877 2. NAME OF CORPORATION LIGHTNING BAY, INC.

3. STREET ADDRESS PRINCIPAL BUSINESS OFFICE 2 Williams Street CITY Providence STATE RI ZIP CODE 02903

4. BUSINESS PHONE NO. (401) 331-2222 5. STATE OF INCORPORATION RHODE ISLAND 6. SIC CODE 2246

7. BRIEF DESCRIPTION OF THE CHARACTER OF BUSINESS CONDUCTED IN RHODE ISLAND
Commercial fishing vessel

8. NAMES AND ADDRESSES OF THE OFFICERS

PRESIDENT NAME <u>Noah G. Clark</u> STREET ADDRESS <u>P.O. Box 608</u> CITY <u>Narragansett</u> STATE <u>RI</u> ZIP CODE <u>02882</u>	VICE PRESIDENT NAME <u>Bruce E. Harvey</u> STREET ADDRESS <u>Same</u> CITY _____ STATE _____ ZIP CODE _____
SECRETARY NAME <u>Peter Barbera</u> STREET ADDRESS <u>Same</u> CITY _____ STATE _____ ZIP CODE _____	TREASURER NAME <u>Peter Barbera</u> STREET ADDRESS <u>Same</u> CITY _____ STATE _____ ZIP CODE _____

9. NAMES AND ADDRESSES OF THE DIRECTORS

DIRECTOR NAME <u>N/A</u> STREET ADDRESS _____ CITY _____ STATE _____ ZIP CODE _____	DIRECTOR NAME <u>N/A</u> STREET ADDRESS _____ CITY _____ STATE _____ ZIP CODE _____
DIRECTOR NAME <u>N/A</u> STREET ADDRESS _____ CITY _____ STATE _____ ZIP CODE _____	DIRECTOR NAME <u>N/A</u> STREET ADDRESS _____ CITY _____ STATE _____ ZIP CODE _____

10. SHARES AUTHORIZED AND ISSUED

AUTHORIZED SHARES			ISSUED SHARES		
NUMBER OF SHARES	CLASS / SERIES	PAR VALUE	NUMBER OF SHARES	CLASS / SERIES	PAR VALUE
8,000	SHS COM	NO PAR VAL	1,000	Common	No Par

This report must be **SIGNED IN INK** by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

File Date:

2/29/96
4972

Check No:

By:

ecfcp

For Secretary of State Use Only

Signature of Officer

Noah G. Clark

Print or Type Name of Officer

President

Title of Officer

26 Feb 96

Date



ANNUAL REPORT

Please Type or Print
 File Annually - Jan. 1 - March 1
 Filing Fee \$50.00
 Make Checks Payable to: Secretary of State

ALL ENTRIES MUST BE COMPLETED IN FULL OR THE FORM WILL BE RETURNED.

Corporate ID: 0088677 Annual Report for the year: 1995

Name of Corporation: LIGHTNING BAY, INC.
 Business entity organized under the laws of the State of: Rhode Island
 For foreign entity, address and telephone number of principal office:

Business Entity is (check one):
 Business Corporation (See RIGL Chapter 7-1.1)
 Professional Service Corporation (See RIGL Chapter 7-5.1)

Phone: ()
 Address and telephone of the principal office of business entity in Rhode Island (Provide street address - Not P.O. Box):
2 Williams Street
Providence, RI 02903
 Phone: (401) 331-2222

Brief statement of the character of business conducted in Rhode Island:

Commercial fishing vessel

THE NAMES OF THE OFFICERS ARE:

OFFICER	STREET ADDRESS	CITY/STATE	ZIP CODE
PRESIDENT <u>Noah G. Clark</u>	<u>P.O. Box 608</u>	<u>Narragansett, RI</u>	<u>02882</u>
VICE-PRESIDENT <u>Bruce E. Harvey</u>	<u>Same</u>		
SECRETARY <u>Peter Barbera</u>	<u>Same</u>		
TREASURER <u>Peter Barbera</u>	<u>Same</u>		

THE NAMES OF THE DIRECTORS ARE:

NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
<u>N/A</u>			
<u>N/A</u>			
<u>N/A</u>			

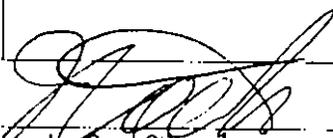
NUMBER OF SHARES AUTHORIZED (Rider may be attached)

Number of Shares	Class / Series
<u>8,000</u>	<u>Common</u>

NUMBER OF SHARES ISSUED AND OUTSTANDING (Rider may be attached)

Number of Shares	Class / Series
<u>1,000</u>	<u>Common</u>

Date February 16, 1995

By: 
Noah G. Clark
 PRINT OR TYPE NAME OF OFFICER SIGNING
President
 TITLE OF OFFICER SIGNING

Form 31 '95

DESIGNATED REGISTERED AGENT FOR SERVICE OF PROCESS:

PLEASE NOTE: If the registered office and/or registered agent indicated below is incorrect, Form 9 must be filed.

FRANK J. WILLIAMS, ESQ.
 2 WILLIAMS STREET
 PROVIDENCE RI 02903

FILED

FEB 24 1995

By: 
 # 4586

Filing Fee \$50.00
Payable to
Secretary of State

PLEASE TYPE or PRINT
State of Rhode Island and Providence Plantations
Office of The Secretary of State
100 North Main Street
Providence, Rhode Island 02903 1335
401-277-3040

File Annually
LLC Sept 1 - Nov 1
CORP Jan 1 - March 1

Corporate ID: 0059577 Annual Report for the year 1994
LIGHTNING BAY, INC.

Name of Business Entity: _____

Business entity organized under the laws of the State of Rhode Island

Federal Taxpayer Identification Number: [REDACTED]

For foreign entity, address and telephone number of principal office:

Phone: _____

Address and telephone of the principal office of business entity in Rhode Island (Provide street address - Not P.O. Box):

2 Williams Street

Providence, RI 02903

Phone (401) 331-2222

Business Entity is (check one)

- Business Corporation (See RIGL Chapter 7-1)
- Professional Service Corporation (See RIGL Chapter 7-5.1)
- Limited Liability Company (See RIGL 7-16)

Name, title and mailing address of contact person to whom communications may be directed

Frank J. Williams, Registered Agent

Frank J. Williams, Ltd.

2 Williams Street

Providence, RI 02903

Brief statement of the character of business conducted in Rhode Island

Commercial fishing vessel

Date of Organization: August 28, 1986

Date of Qualification to do business in Rhode Island (if foreign entity):

THE NAMES OF THE OFFICERS ARE:

OFFICER	TITLE	STREET ADDRESS	CITY/STATE	ZIP CODE
<input type="checkbox"/> CHIEF EXECUTIVE OFFICER OR <input checked="" type="checkbox"/> PRESIDENT (SEE RIGL 7-1.1)				
Noah G. Clark	PRESIDENT	P.O. Box 608	Narragansett, RI	02882
<input type="checkbox"/> CHIEF OPERATING OFFICER OR <input checked="" type="checkbox"/> VICE PRESIDENT (SEE RIGL 7-1.1)				
Bruce E. Harvey	VICE PRESIDENT	Same as above		
<input type="checkbox"/> CLERK OF RECORDS OR <input checked="" type="checkbox"/> SECRETARY (SEE RIGL 7-1.1)				
Peter Barbera	SECRETARY	Same as above		
<input type="checkbox"/> CHIEF FINANCIAL OFFICER OR <input checked="" type="checkbox"/> TREASURER (SEE RIGL 7-1.1)				
Peter Barbera	TREASURER	Same as above		

THE NAMES OF THE DIRECTORS ARE:

NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
N/A			
N/A			
N/A			

NUMBER OF SHARES AUTHORIZED (If Applicable)
NUMBER 8,000
CLASS Common
SERIES _____
PAR VALUE OR WITHOUT PAR Without Par Value

NUMBER OF SHARES ISSUED AND OUTSTANDING (If Applicable)
NUMBER 1,000
CLASS Common
SERIES _____
PAR VALUE OR WITHOUT PAR Without Par Value

Date February 19 94

By: [Signature]

Noah G. Clark

President

FILED

FEB 15 1994

Form 31 1994

By: [Signature]

DESIGNATED REGISTERED OR RESIDENT AGENT FOR SERVICE OF PROCESS:

PLEASE NOTE: If the Corporation has changed its registered office and/or registered or resident agent, Form 9 or Form LLC 3 must be filed

FRANK J. WILLIAMS, ESQ.
2 WILLIAMS STREET
PROVIDENCE RI 02903

Filing Fee \$50.00

To be filed annually between
January 1st and March 1st

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION
100 NORTH MAIN STREET
PROVIDENCE, RHODE ISLAND 02903

*3470
1000*

Corporate ID 0039877 Annual Report for the year 1993

FIRST: The name of the corporation is LIGHTNING BAY, INC.

SECOND: It is incorporated under the laws of State of Rhode Island

THIRD: Character of business, briefly stated, is the operation of commercial fishing vessel

FOURTH: If foreign corporation, address of its principal office.....

FIFTH: Business address in Rhode Island
2 Williams Street, Providence, Rhode Island, 02903

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
Noah G. Clark	Director	P.O. Box 608, Narragansett, RI, 02882
Peter Barbera	Director	Same as above
Bruce E. Harvey	Director	Same as above
Noah G. Clark	President	Same as above
Bruce E. Harvey	Vice President	Same as above
Peter Barbera	Secretary	Same as above
Peter Barbera	Treasurer	Same as above

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
8,000	Common		No Par Value

PAID

FEB 23 1993

SECY OF STATE

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
1,000	Common		No Par Value

Dated February 19 93

LIGHTNING BAY, INC.
(Name of Corporation)

By Noah G. Clark

Title President

(Report must be signed by an officer)

Filing Fee \$50.00

To be filed annually between
January 1st and March 1st

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION
100 NORTH MAIN STREET
PROVIDENCE, RHODE ISLAND 02903

WJ 2945

Corporate ID 0039877 Annual Report for the year 1992

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FIFTH: Business address in Rhode Island

2 Williams Street, Providence, Rhode Island, 02903

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
Noah G. Clark	Director	P.O. Box 608, Narragansett, RI, 02882
Peter Barbera	Director	Same
Bruce E. Harvey	Director	Same
Noah G. Clark	President	Same
Bruce E. Harvey	Vice President	Same
Peter Barbera	Secretary	Same
Peter Barbera	Treasurer	Same

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
8,000	Common	PAID	No Par Value

FEB 20 1992

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
1,000	Common	SEC'Y OF STATE	No Par Value

Dated February 19, 19 92

LIGHTNING BAY, INC.
(Name of Corporation)

By *Noah G. Clark*
Noah G. Clark
President

(Report must be signed by an officer)

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION
100 NORTH MAIN STREET
PROVIDENCE, RHODE ISLAND 02903

Corporate ID 0039877 Annual Report for the year 1991

FIRST: The name of the corporation is LIGHTNING BAY, INC.

SECOND: It is incorporated under the laws of State of Rhode Island

THIRD: Character of business, briefly stated, is the operation of commercial fishing vessel.

FOURTH: If foreign corporation, address of its principal office

FIFTH: Business address in Rhode Island

2 Williams Street, Providence, Rhode Island, 02903

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
Noah G. Clark	Director	P.O. Box 608, Narragansett, RI, 02882
Peter Barbera	Director	Same
Bruce E. Harvey	Director	Same
Noah G. Clark	President	Same
Bruce E. Harvey	Vice President	Same
Peter Barbera	Secretary	Same
Peter Barbera	Treasurer	Same

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
8,000	Common	PAID	No Par Value

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
1,000	Common		No Par Value

Dated February 11, 1991

LIGHTNING BAY, INC.
(Name of Corporation)

By Noah G. Clark

Title President

(Report must be signed by an officer)

Filing Fee \$15.00

To be filed annually between
January 1st and March 1st

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION
100 NORTH MAIN STREET
PROVIDENCE, RHODE ISLAND 02903

CV

Corporate ID 0068877 Annual Report for the year 1990

FIRST: The name of the corporation is LIGHTNING BAY, INC

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is the operation of commercial
fishing vessel.

FOURTH: If foreign corporation, address of its principal office

FIFTH: Business address in Rhode Island

2 Williams Street, Providence, Rhode Island, 02903

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
	Director	
	Director	
	Director	
Noah G. Clark	President	P.O. Box 608, Narragansett, RI, 02882
Bruce E. Harvey	Vice President	Same
Peter Barbera	Secretary	Same
Peter Barbera	Treasurer	Same

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
8,000	Common		No Par Value

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
1,000	Common		No Par Value

PAID
FEB 9 1990
SECY. OF STATE

Dated February 6 1990

LIGHTNING BAY, INC.
(Name of Corporation)

By *Noah G. Clark*
Noah G. Clark

Title President

(Report must be signed by an officer)

Filing Fee \$15.00

To be filed annually between
January 1st and March 1st

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION
100 NORTH MAIN STREET
PROVIDENCE, RHODE ISLAND 02903

Corporate ID 0039877 Annual Report for the year 1989

FIRST: The name of the corporation is LIGHTNING BAY, INC.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is the operation of commercial fishing vessel.

FOURTH: If foreign corporation, address of its principal office

FIFTH: Business address in Rhode Island

2 Williams Street, Providence, Rhode Island, 02903

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
	Director	
	Director	
	Director	
Noah G. Clark	President	Box 32, Saunderstown, Rhode Island, 0285
Bruce E. Harvey	Vice President	3321 South County Trail, West Kingston, Rhode Island, 02892
Peter Barbera	Secretary	P. O. Box 608, Narragansett, RI, 02882
Peter Barbera	Treasurer	same

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
8,000	Common		No Par Value

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
1,000	Common		No Par Value

SECY OF STATE
FEB 21 1989
PAID

Dated February 19 89

LIGHTNING BAY, INC.
(Name of Corporation)

By Noah G. Clark
Title President

(Report must be signed by an officer)

Filing Fee \$15.00

To be filed annually between
January 1st and March 1st

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION
270 WESTMINSTER MALL
PROVIDENCE, RHODE ISLAND 02903

Corporate ID 39877 Annual Report for the year 1988

FIRST: The name of the corporation is LIGHTNING BAY, INC.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is the operation of commercial fishing vessel.

FOURTH: If foreign corporation, address of its principal office.....

FIFTH: Business address in Rhode Island.....
2 Williams Street, Providence, RI 02903

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
.....	Director
.....	Director
.....	Director
Noah G. Clark	President	Box 32, Saunderstown, RI, 02852
Bruce E. Harvey	Vice President
Peter Barbera	Secretary	P.O. Box 608, Narragansett, RI 02882
Peter Barbera	Treasurer	P.O. Box 608, Narragansett, RI 02882

SEVENTH: Number of Shares authorized:

No. of Shares	Class
8,000	Common

PAID

JAN 26 1988

Par Value
or statement that
shares are without
par value

No Par Value

EIGHTH: Number of Shares issued:

No. of Shares	Class
1,000	Common

SECY. OF STATE

Series

Par Value
or statement that
shares are without
par value

No Par Value

Dated January 19 88

LIGHTNING BAY, INC.
(Name of Corporation)

By Noah G. Clark

Title President

(Report must be signed by an officer)

Filing Fee \$15.00

To be filed annually between
January 1st and March 1st

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION
270 WESTMINSTER MALL
PROVIDENCE, RHODE ISLAND 02903

Corporate ID 39877 Annual Report for the year 1987

FIRST: The name of the corporation is LIGHTNING BAY, INC.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is the operation of commercial fishing vessel.

FOURTH: If foreign corporation, address of its principal office.....

FIFTH: Business address in Rhode Island.....

2 Williams Street, Providence, RI 02903

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
.....	Director
.....	Director
.....	Director
Noah G. Clark	President	Box 32, N. Kingstown, RI 02852
Bruce E. Harvey	Vice President	60 Hollywood Dr., Narragansett, RI 02882
Peter Barbera	Secretary	P.O. Box 608, Narragansett, RI 02882
Peter Barbera	Treasurer	P.O. Box 608, Narragansett, RI 02882

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
8,000	Common		No Par Value

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
1,000	Common		No Par Value

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FEB 12 1987

SEC'Y. OF STATE

MAR 26 1987

Dated February 2, 19 87

LIGHTNING BAY, INC.

(Name of Corporation)

By [Signature]
Noah G. Clark

Title President

(Report must be signed by an officer)